Woodridge Mutual Water and Property Owners Corporation www.woodridgepoa.org

CONFIDENTIAL CC&R VIOLATION REPORT FORM*

<u>Mail To:</u> Woodridge Mutual Attn: Design Sub- P.O. Box 8 Shingletown, CA 9		<u>E-Mail To:</u> woodridge96088@gmail.com Attn: Design Sub-Committee
Reporting Party	Self-Reporting	(Check one)
Name:		
Address:		Lot No.
_		(If known)
Home Phone	Cell Phone	
Violator's Name		
Address:		Lot No.
-		(If known)
Date of Violation		
contained in the Co	on including section, paragraph and page venants, Conditions & Restrictions (CC&	Rs).
at which time, the con	ty' s name will be held in confidence unless a aplainant may be asked to appear before the rting, the Design Sub-Committee will o	Board of Directors.
Any police matte authorities:	r or animal control issues should b	be reported to the proper

IN THE CASE OF AN EMERGENCY: 911

SHASTA COUNTY ANIMAL CONTROL: (530) 245-6065

SHASTA COUNTY FIRE & SHERIFF: (530) 245-6540